

APPLICATION FOR VARIANCE

TOWN OF SPRINGFIELD • 6157 CTH P • DANE, WI 53529
PHONE (608) 849-7887 • www.town.springfield.wi.us

PERMIT #:

Permit Fee: \$ _____ Fee Paid:

Approved By: _____

Approval Date: / /

GENERAL INFORMATION

APPLICANT NAME

MAILING ADDRESS

DAYTIME PHONE #

EMAIL

Property Address: _____

Legal Description of Property (Name of CSM, Subdivision, Block and Lot): _____

Section: _____

Tax Parcel Number: _____

Lot Area and Dimensions: _____

Existing/Proposed Zoning District: _____

EXISTING AND PROPOSED USES

Current Principal Use: _____

Accessory or Secondary Uses: _____

Proposed Use: _____

Ordinance section from which variance is being sought: _____

What specific departure from the ordinance is being proposed (refer to the standards of the ordinance)? _____

Have you been granted any variances in the past for this property?

Yes No If yes, describe: _____

Names of adjoining property owners, if known: _____

APPLICANT STATEMENT

I, the undersigned, do hereby make an application for a variance for work described and located as shown herein. I agree that all work shall be done in accordance with the requirements of the Town of Springfield Zoning Ordinance and with all other applicable ordinances and the laws and regulations of the State of Wisconsin. I declare that the information that I am supplying is true and accurate to the best of my knowledge and I acknowledge that this information will be relied upon for the issuance of this permit. By signing this application, I am also granting permission to the Zoning Department Staff to enter my property at any reasonable time for the purpose of inspection to assure compliance with the zoning laws relative to the issuance of this permit.

PRINTED NAME OF APPLICANT(S)

SIGNATURE OF APPLICANT(S)

DATE



TO BE COMPLETED BY THE TOWN OF SPRINGFIELD

Date Filed: _____

Date Fee Received by Town: _____

Date Set for Board of Zoning Appeals Hearing: _____